

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

0080752

**DOCUMENT # L98000002848**

1. Entity Name  
**MANAGEMENT & INDUSTRIAL SERVICES, L.C.**

03-11-2002 90007 045 \*\*\*\*50.00

Principal Place of Business      Mailing Address  
**4900 GODFREY ROAD                      4900 GODFREY ROAD**  
**CORAL SPRINGS FL 33067-4147        CORAL SPRINGS FL 33067-4147**

**80039406**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **65-0879486**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DOVER, WILLARD D**  
**NILES, DOBBINS, MEEKS, RALEIGH & DOVER**  
**2601 E. OAKLAND PARK BLVD., SUITE 400**  
**FORT LAUDERDALE FL 33306**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, DAVID E</b>	
STREET ADDRESS	<b>4900 GODFREY ROAD</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33067-4147</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MGR **DAVID E. Kelly**      2/25/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)